

March 1, 20	
FOR ASSESSORS' USE ONLY	

## **INSTRUCTIONS:**

Name of taxpayer

- Public utility companies shall file this form (Form 1) with the assessor of each township in which the
  public utility company's locally assessed personal property is subject to assessment. If property is
  located in two (2) or more taxing districts within the same township, a separate return must be filed
  reporting the property in each taxing district.
- This return (Form 1) must be filed with the township assessor on or before April 1st of the assessment year, unless a filing extension has been granted pursuant to 50 IAC 5.1-3-6.
- Contact information for county and township officials may be obtained from our website: www.in.gov/dlfg/.

Address where property is located (number and street, city, state, and ZIP code)

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The records in this return are confidential according to IC 6-1.1-35-9.

County

Township

Na	ture of business		Principal business activity	code	Taxing d	istrict	
Name to which tax notices to be mailed, if different					Taxing district number		
Ade	Address to which tax notice is to be mailed, if different (number and street, city, state, and ZIP code)  Federal identification number						
Na	Name of person to which requests for additional information may be directed  Title of person						
Ade	dress of person to which requests for additional information m	ay be direc	ted (number and street, city,	state, ZIP code)	Telephor	ne number	E-mail address
Qu	estions:					/	
	Federal tax year ends 2. Name filed under	er					
3. I	Location of accounting records						
L.							
	Do you own, hold, possess or control any leased or other not- $Form1$ - $N$ (see 50 IAC 5.1-10)] $\square$ Yes $\square$ No	owned loca	lly assessed personal proper	ty? [If the answer	to questior	n 4 is Yes, the i	taxpayer must tile
		SU	IMMARY OF ASSESSME	ENT			
			SSESSED VALUE PER TAXPAYER	ASSESSE PER ASS			ASSESSED VALUE PER PTABOA
1	Schedule A - Locally Assessed Personal Property Other Than Inventory	\$					
2	Schedule B - Inventory and Supplies	\$					
3	Less 100% deduction of Inventory and Supplies	\$					
4	Less Investment Deduction from State Form 52511 (if applicable)	\$					
5	Total True Tax Value (Sum of Lines 1 and 2, less	\$					
	Line 3, less Line 4; rounded to nearest \$10)	Ψ					
	Line 3, less Line 4; rounded to nearest \$10)	SIGN	NATURE AND VERIFICA				
is		SIGN return (inconal prope	cluding any accompanyin	g sheets or state			
to	Under the penalties of perjury, I hereby certify that this is true, correct and complete, and reports all fixed person	SIGN return (inconal prope	cluding any accompanyin	g sheets or state		amed taxpay	
is to Sig	Under the penalties of perjury, I hereby certify that this strue, correct and complete, and reports all fixed personwinship and county on the assessment date of this ref	SIGN return (inconal prope	cluding any accompanying erty owned, held, possess	g sheets or state sed or controlled	by the n	amed taxpay	er within the stated
is to Sig Pri	Under the penalties of perjury, I hereby certify that this is true, correct and complete, and reports all fixed persopownship and county on the assessment date of this retignature of authorized person inted name	SIGN return (inconal prope	cluding any accompanying erty owned, held, possess	g sheets or state sed or controlled	by the n	amed taxpay	Date signed (month, day, year)
is to Sig Pri	Under the penalties of perjury, I hereby certify that this is true, correct and complete, and reports all fixed person country on the assessment date of this refugature of authorized person	SIGN return (inconal prope	cluding any accompanyinerty owned, held, possess  Title  Signature of person prepar	g sheets or state sed or controlled	by the n	amed taxpay	Date signed (month, day, year) he / she has any knowledge:
is to Sig Pri	Under the penalties of perjury, I hereby certify that this is true, correct and complete, and reports all fixed persopownship and county on the assessment date of this retignature of authorized person inted name	SIGN return (inconal prope	cluding any accompanyinerty owned, held, possess  Title  Signature of person prepar	g sheets or state sed or controlled	by the n	amed taxpay	Date signed (month, day, year) he / she has any knowledge:

	SCHEDULE A - LOCALLY ASSESSED PERSONAL PROPERTY OTHER THAN INVENTORY				
		A. TAX BASIS COST	B. DEPRECIATION	C. TRUE TAX VALUE	
1	Office Furniture and Fixtures				1
2	Machinery and Equipment				2
3	Motor Vehicles (include trucks, trailers, automobiles, etc.)				3
4	Leased and Other Not-Owned Depreciable Personal Property				4
5	All Other Personal Property In Service Not Classified Above				5
6	Subtotal (Sum of lines 1 through 5)				6
7	Deduction for Gross Additions (Carry amount from Line 16; see, 50 IAC 5.1-6-8)				7
8	Tentative Value (Line 6 minus Line 7)				8
9	Minimum Value [Thirty percent (30%) of Line 6, Column A]				9
10	True Tax Value (Greater of Lines 8 or 9)	Cost			10
11	Additions: Construction in Progress (for construction in process column C = column A x 10%)				11
12	Other:				12
13	Abnormal Obsolescence (See 50 IAC 5.1-11)				13
14	Total True Tax Value (Sum of Lines 10, 11 and 12 minus Line 13; Carry to Summary Schedule A on reverse side)				14

	SCHEDULE A-1 COMPUTATION OF DEDUCTION FOR GROSS ADDITIONS				
		A. TAX BASIS COST	B. DEPRECIATION	C. TRUE TAX VALUE	
	Locally-assessed Depreciable Personal Property Placed in Service in Previous Twelve Months				15
16	Deduction for Gross Additions [Sixty percent (60%) of Line 15, Column C]				16

## NOTES:

- True Tax Value of locally-assessed personal property is its IRS cost basis less federal tax depreciation unless otherwise provided in 50 IAC 5.1.
- All fully depreciated fixed personal property, written-off books but still in use, must be reported on this return (see 50 IAC 5.1-6-4).
- Leased and other not-owned personal property must be disclosed on Form 1-N.
- Form UD-ID must be filed with this return if you are claiming an investment deduction under IC 6-1.1-12-4.

State the number of vehicles reported above:	(Do not report vehicles as	norconal proport	v if you have	naid avaica tay on tham
State the number of vehicles reported above.	(Do not report verifies as	personal propert	y II you Have	paiu excise lax on mem.)

	SCHEDULE B - INVENTORY AND SUPPLIES			
		A. COST	B. TRUE TAX VALUE	
1	Inventories, Including Fuel and Merchandise for Resale			1
2	Materials and Supplies, Including Unrecorded Inventory (see 50 IAC 4.2-5)			2
3	Total Cost of Inventories (Sum of Lines 1 and 2)			3
4	Exemption for Air and Water Pollution Spare Parts (see, 50 IAC 5.1-12)			4
5	Subtotal (Line 3 minus Line 4)			5
6	Valuation Adjustment [Line 5 multiplied by thirty-five percent (35%)]			6
7	Abnormal Obsolescence Adjustment (see, 50 IAC 5.1-11; Report at True Tax Value)			7
8	Total True Tax Value of Inventory (Line 5 minus Lines 6 and 7)			8
9	Line 8 rounded to the nearest \$10 (Enter this amount in Summary on reverse side)			9
Se	ee 50 IAC 4.2-5 for further information.			